



# THE CHARLOTTE HUNGERFORD HOSPITAL

## Employment Application

The Charlotte Hungerford Hospital is an equal opportunity employer and does not discriminate on the basis of race, color, religious creed, age, sex, national origin, ancestry, marital status, sexual orientation, genetic predisposition, physical or mental disability in any of its employment practices. This form is a confidential record. Please answer each question neatly, accurately and completely.

NAME: (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER: - -
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PRESENT ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)	HOME TELEPHONE: ( ) -
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IF HIRED, CAN YOU PROVIDE PROOF OF YOUR ABILITY TO LEGALLY WORK WITHIN THE UNITED STATES IN THE JOB FOR WHICH YOU ARE APPLYING?  YES  NO

HAVE YOU WORKED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATES AND DEPARTMENT:
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DO YOU HAVE A RELATIVE EMPLOYED HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND RELATIONSHIP:	DEPARTMENT:
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HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE DESCRIBE:
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NOTE: A conviction will not necessarily be a bar to employment; factors such as the nature and gravity of the offence, the time since the conviction and/or completion of the sentence, and the nature of the job sought will be taken into account.

### OCCUPATIONAL GOALS

POSITION APPLYING FOR: (NAME ONE POSITION ONLY)	DATE AVAILABLE FOR WORK: / /	DATE OF APPLICATION: / /
HOURS AVAILABLE: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> PER DIEM <input type="checkbox"/> TEMPORARY	HOURS DESIRED IF PART TIME: <input type="checkbox"/> 8 <input type="checkbox"/> 16 <input type="checkbox"/> 24 <input type="checkbox"/> 32	SALARY REQUIREMENTS: \$
SHIFT PREFERENCE: <input type="checkbox"/> DAYS (SHIFT 1) <input type="checkbox"/> EVENINGS (SHIFT 2) <input type="checkbox"/> NIGHTS (SHIFT 3)	WILL YOU TAKE ANY SHIFT? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU AVAILABLE WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO
CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HOW DID YOU HEAR OF THIS POSITION? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> JOB LINE <input type="checkbox"/> INTERNET <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER <input type="checkbox"/> HOSPITAL EMPLOYEE - PLEASE PROVIDE NAME OF EMPLOYEE WHO REFERRED YOU:		

### EDUCATION

HIGHEST GRADE COMPLETED: <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19+		
NAME OF LAST SCHOOL ATTENDED:	COURSE OF STUDY:	DEGREE/DIPLOMA:

### SPECIAL QUALIFICATIONS AND SKILLS

PROFESSIONAL OR TECHNICAL LICENSES OR CERTIFICATIONS:	LICENSING AUTHORITY:	LICENSE # AND EXP. DATE / /
SCIENTIFIC, PROFESSIONAL, OR TECHNICAL ASSOCIATIONS TO WHICH YOU BELONG:		
BUSINESS, HOSPITAL, OR INDUSTRIAL EQUIPMENT THAT YOU CAN OPERATE:		
OTHER SPECIAL QUALIFICATIONS SKILLS:		

### WORK AND/OR MILITARY EXPERIENCE (Please fill out completely. "See Resume" is not acceptable.)

NAME OF PRESENT OR LAST EMPLOYER:		ADDRESS (STREET)		(CITY)	(STATE)	(ZIP)
EMPLOYMENT DATE: / /	TERMINATION DATE: / /	STARTING PAY: \$	FINAL PAY: \$	REASON FOR LEAVING:	MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
JOB TITLE:		DEPARTMENT:		SUPERVISOR'S NAME AND TITLE:		
DESCRIPTION OF RESPONSIBILITIES:					PHONE NUMBER: ( ) -	

**\*\*FOR OFFICE USE ONLY\*\***

**FORWARD FOR REVIEW:  YES  NO DATE: / /**

## WORK EXPERIENCE (CONTINUED)

NAME OF NEXT PREVIOUS EMPLOYER:		ADDRESS (STREET)		(CITY)	(STATE)	(ZIP)
EMPLOYMENT DATE: / /	TERMINATION DATE: / /	STARTING PAY: \$	FINAL PAY: \$	REASON FOR LEAVING:		
JOB TITLE:		DEPARTMENT:		SUPERVISOR'S NAME AND TITLE:		
DESCRIPTION OF RESPONSIBILITIES:						
NAME OF NEXT PREVIOUS EMPLOYER:		ADDRESS (STREET)		(CITY)	(STATE)	(ZIP)
EMPLOYMENT DATE: / /	TERMINATION DATE: / /	STARTING PAY: \$	FINAL PAY: \$	REASON FOR LEAVING:		
JOB TITLE:		DEPARTMENT:		SUPERVISOR'S NAME AND TITLE:		
DESCRIPTION OF RESPONSIBILITIES:						
NAME OF NEXT PREVIOUS EMPLOYER:		ADDRESS (STREET)		(CITY)	(STATE)	(ZIP)
EMPLOYMENT DATE: / /	TERMINATION DATE: / /	STARTING PAY: \$	FINAL PAY: \$	REASON FOR LEAVING:		
JOB TITLE:		DEPARTMENT:		SUPERVISOR'S NAME AND TITLE:		
DESCRIPTION OF RESPONSIBILITIES:						

## REFERENCES: (Other than Relatives)

NAME:	ADDRESS:	PHONE NUMBER:
1.		( ) -
2.		( ) -
3.		( ) -

Are you known in any previous employment or educational experience by a name other than the one appearing on this application.

YES  NO IF SO, OTHER NAME: \_\_\_\_\_

I hereby represent and warrant that I maintain in good standing all applicable licenses, certifications, permits and other approvals necessary to provide the services that accompany the job for which I am applying. I further represent and warrant that I have not been (1) convicted of a criminal offense related to health care and/or related to the provisions of services paid for by Medicare, Medicaid or another federal health care program; (2) excluded from participation in any federal health care program, including Medicare and Medicaid or (3) the subject of a disciplinary action resulting in revocation or suspension of my license, certifications, permit or other approval necessary to perform the duties of the job for which I am applying.

**I understand that if employed my employment will be at-will, which means that I or the company may terminate my employment at any time without any reason and that nothing in this application or in the granting of interviews creates a contract of employment for providing any benefit. I understand that to be employed, I must be authorized to work in the United States and must provide documents to prove this. I authorize the company to investigate thoroughly my work and personal history and verify all data given it. In return for being considered for a position, I release the company from any liability, which might arise from such an investigation. I authorize all individuals, schools, and firms named herein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.**

Employment Drug Screening Notification – I understand that as a condition of employment at the Charlotte Hungerford Hospital, I must submit to and pass a pre-employment drug-screening test. I fully understand that if I do not pass a drug-screening test I will not be eligible for employment with the Charlotte Hungerford Hospital.

I CERTIFY THAT ALL STATEMENTS HEREIN ARE TRUE AND UNDERSTAND THAT ANY FALSIFICATION OR WILLFUL OMISSION MAY RESULT IN DISMISSAL OR REFUSAL OF EMPLOYMENT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## EMPLOYMENT VERIFICATION

In order to process my application for employment, I do hereby authorize my former employer(s) or institutions of learning to release all information pertaining to my work history or academic standing which will verify my qualifications for employment. I further release my former employer(s) from any liability associated with the release of such information.

Signature: \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*\*\*For Office Use Only\*\*\***

\_\_\_\_\_ has applied to The Charlotte Hungerford Hospital for  
\_\_\_\_\_ employment.

Please verify and provide the following information.

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Position held: \_\_\_\_\_

Please check the appropriate column below, indicating your evaluation of the applicant.

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
Quality of work					
Quantity of work					
Dependability/Attendance					
Personal Characteristics					

Did applicant terminate voluntarily:  YES  NO

Is applicant eligible for rehire:  YES  NO

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title